

**DIVISION OF LOCAL GOVERNMENT SERVICES
NOTIFICATION FORM FOR REPEAT PARTICIPANTS
CERTIFIED TAX COLLECTOR EXAMINATION**

If you are a repeat participant for the Certified Tax Collector Examination, please complete the information below and return to:

Division of Local Government Services
P.O. Box 803
Trenton, New Jersey 08625-0803
Attn: Certification Unit

This form is to be accompanied by a check or money order in the amount of \$25 made payable to the "State Treasurer." The fee is not refundable. The form may also be telefaxed to the attention of the Certification Unit at (609) 633-6243 (if telefaxing, please mail the check or money order separately). If you have any questions in regard to completion of this form, please contact Phyl Delozier at (609) 633-6349. **THIS FORM MUST BE MAILED OR TELEFAXED 30 DAYS PRIOR TO THE DATE OF THE EXAMINATION FOR WHICH YOU ARE APPLYING.**

I previously participated in the Certified Tax Collector Examination. My approved application is on file with the Division of Local Government Services. I wish to participate in the following section(s) of the Examination to be offered on:

(date of examination)

Section I - Lien Enforcement

Section II - Collecting/Reporting/Billing

Section III - State Fiscal Year Tax Policies and Practices

Name: _____
(please print)

Work Phone: _____

(signature)

Date: _____

Home Address:

